



City of Boston | Department of Neighborhood Development
Office of Business Development
Application Form July 1, 2006- May 1, 2007

Program That You Are Applying For:

☐ Business Technical Assistance ☐ Commercial Real Estate Loan ☐ ReStore Grant

Instructions to Applicants: Please read the whole application before answering questions.

If you are applying for Business Technical Assistance return completed application to:

Office of Business Development, Boston Business Assistance Center, 2201 Washington Street, Roxbury, MA 02119

If you are applying for the ReStore program or a Commercial Real Estate Loan, return completed application to:

Office of Business Development, 26 Court Street, Boston, MA 02118

Name of Business: _____ FIN/SS#: _____

DUNS Number: _____

Address of Business: _____

City: _____ State: _____ Zip: _____

Name of Business Owner: _____

Home Address of Business Owner: _____

City: _____ State: _____ Zip: _____

(Business#): _____ (Home#): _____ (Fax#) _____

Email Address: _____

Mailing Address: (If different from Business or Home Address) _____

I. BUSINESS PROFILE

Type of Business: _____

Services provided: _____

Total number of employees, including owner, in full-time equivalents: _____

1. My business is ☐ an existing business ☐ a start-up business

2. How long in business? _____

3. Ownership Type: ☐ 501(c)3 ☐ Corporation ☐ Partnership ☐ Realty Trust ☐ Sole Proprietor

4. Check which apply: ☐ Minority Owned ☐ Women Owned ☐ Minority/Women Owned

5. My business is (or will be) a microenterprise. A microenterprise is a commercial enterprise having five or fewer employees, one or more of whom own the enterprise. ☐ Yes ☐ No

6. I ☐ own* ☐ rent the property where my business is (or will be) located.

If renting, name and address of property owner _____

7. ☐ I do not own any other property in the City of Boston.

☐ I own* in whole or in part the following properties in the City of Boston (attach additional sheets if necessary): _____

PLEASE NOTE: If you have owned or currently own Tax Delinquent/Foreclosed property in the City of Boston you may be ineligible for assistance. Please see your Project Manager for more information.

II. SERVICE AREA

8. My customers primarily come from, or are expected to come from (*check one only*):

☐ The neighborhood around my business.

I define my primary service area to be in the neighborhood(s) of: _____

and to be bounded by the following streets and/or other boundaries: _____

☐ Citywide

☐ Metropolitan area

☐ Other: _____

III. ASSISTANCE NEEDED (For description of programs, refer to cover sheet)

9. **I need the following type of assistance**

☐ BUSINESS TECHNICAL ASSIST. (COMPLETE ALL REQUIREMENTS PER APPENDIX A)

☐ STOREFRONT IMPROVEMENT GRANT (COMPLETE ALL REQUIREMENTS PER APPENDIX B)

☐ COMMERCIAL REAL ESTATE LOAN (COMPLETE ALL REQUIREMENTS PER APPENDIX B)

IV. BENEFIT

10. If I receive assistance, I will be able to (*check all that apply*):

☐ Operate a new business

☐ Prevent my business from closing

☐ Increase my sales and/or revenues

☐ Increase my sales and/or income tax contribution

☐ Maintain the present level of services I provide

☐ Expand the services I provide, including: _____

☐ Retain employees who may otherwise be at risk of layoff

I estimate the number of employees at risk to be: _____

In full-time equivalents, the number of jobs at risk is: _____

☐ Expand my business and hire more employees

I estimate the number of potential new employees to be: _____

In full-time equivalent, the number of potential new jobs is: _____

I expect to fill these new jobs over _____ (period of time)

11. If applying for Business Technical Assistance, complete Appendix A

V. EMPLOYMENT PROFILE

12. The following information is necessary for the Department of Neighborhood Development (DND) (*Boston's Public Facilities Department*) to determine the eligibility of your business for the Community Development Block Grant (CDBG) program which funds and regulates DND's Technical Assistance Program. Any information you provide here may be certified in spot audits that DND and HUD perform from time to time. DND also recognizes that employees change over time and that this information represents your best estimate at the time of application.

VI. EXISTING EMPLOYEES

13. The current employees of my business, including myself as owner, occupy the part-time and full-time positions listed on the following page. I have indicated, by checking *Yes* or *No*, which of those positions are at risk of being eliminated, and which technical assistance services will help to retain. I have also indicated, by checking *Yes* or *No*, my estimate of whether these positions are now being held by persons of low to moderate household income, as per the ***Low/Moderate Income Levels by Household Size*** table on page 4 of this form. (Attach additional sheets if necessary).

Position	Hours per Week	Race (W,B,H,O,A)	At Risk	Held by Low/Mod Person
Owner: _____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
1. _____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
2. _____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
3. _____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
4. _____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

14. I estimate that the majority of the jobs at risk (51% of full-time equivalents), which technical assistance services will help to retain, are currently held by, and if turnover occurs, are likely to be filled by, persons of low to moderate household income.

☒ Total number of employees at risk: _____
☒ Number of jobs at risk in full-time equivalents: _____
☒ Number of jobs at risk held by persons of low to moderate household income: _____
☒ Percentage low/mod jobs retained: _____

VII. NEW EMPLOYEES

15. The new part-time and full positions I expect to create over the next _____ (period of time), with the help of technical assistance services, are listed below, I have indicated, by checking off *Yes* or *No*, which of these jobs will be held by, or made available to, persons of low to moderate household income.

Position	Hours per week	To be available to Low/Mod Persons
1. _____	_____	Yes <input type="radio"/> No <input type="radio"/>
2. _____	_____	Yes <input type="radio"/> No <input type="radio"/>
3. _____	_____	Yes <input type="radio"/> No <input type="radio"/>
4. _____	_____	Yes <input type="radio"/> No <input type="radio"/>

16. I expect that the majority (51% of full time equivalents) of these new jobs will be held by, or made available to, persons of low to moderate household income.

➤ Total number of new employees. _____
 ➤ Number of new jobs in full-time equivalents _____
 ➤ Number of these jobs to be held by persons of low/moderate household income: _____
 ➤ Percentage low/mod jobs created: _____

17. The reason I expect these jobs to be held by, or made available to, persons of low and moderate household income is (check one or both):

- ☐ Special skills that can only be acquired with substantial training or work experience, or with education beyond high school, are not a prerequisite to fill these jobs.
- ☐ I agree to hire unqualified persons for jobs requiring special skills and to provide training.

18. I further agree to take actions to ensure that low and moderate income persons receive first consideration for filling these jobs, by recruiting future employees in the following way:

LOW/MODERATE INCOME LEVELS CALENDAR YEAR 2005

Household Size	Household income
1	\$46,300 or less
2	\$52,950
3	\$59,550
4	\$66,150
5	\$71,450
6	\$76,750
7	\$82,050
8	\$87,350

PLEASE NOTE: *The above table is for reference purposes. Please see your Project Manager for more information. Income levels are provided by HUD and updated annually.*

I understand that I may be required to submit to PFD documentation of the low to moderate income status of existing and future employees, in the form of affidavits from each employee, and documentation of the outreach and recruitment method used to hire new employees.

I certify that the information contained in the application is accurate.

Business Owner: _____ **Date:** _____

This project is eligible based on the following criteria. ☐ job retention ☐ job creation ☐ area benefit

I certify that I have reviewed the above information and believe it to be accurate.

DND Neighborhood Business or Program Manager: _____ **Date:** _____

To complete this application, please attach:

- ☐ W-9 ☐ Vendor Information Form ☐ Affidavit ☐ Loops
- ☐ Appendix A - If applying for Business Technical Assistance Program
- ☐ Appendix B - If applying for any of these programs: Commercial Real Estate Loan, ReStore Grant